



NAACP HANFORD 1039  
PO BOX 46  
HANFORD, CA 93232

### COMPLAINT FORM

Based on race color, religion, national origin, sex, age, handicapped status. Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint. Mail the completed form to the address listed above:

1. Your Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate phone: \_\_\_\_\_

2. WAS THE DISCRIMINATION BEAUSE OF: (please check those that apply)

\_\_\_ Race or color \_\_\_ Religion \_\_\_ National Origin \_\_\_ Sex \_\_\_ Handicap \_\_\_ Other Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who discriminated against you? Give name and address of employer, school, organization, employment agency, licensing agency, etc. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ (Please list other parties)

\_\_\_\_\_  
\_\_\_\_\_

4. Have you filed a complaint with any government agency/agencies? \_\_\_Yes \_\_\_No. Which ones?

\_\_\_\_\_  
\_\_\_\_\_

5. Have you filed any grievance with your union or agency? Yes: \_\_\_ No: \_\_\_

Name of local and representative: \_\_\_\_\_.

6. Have you retained an attorney regarding this case? Yes: \_\_\_ No: \_\_\_

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. The most recent date on which this discrimination occurred: \_\_\_\_\_.

Explain the details of the discrimination. If you provide documents, make sure they are copies, not originals. Please note how many documents are enclosed: \_\_\_\_\_.

Our mission is to address discrimination in all its forms. We are not attorneys.

**I hereby authorize the NAACP Hanford Branch 1039 to:**

1. Communicate with the people whom I have alleged to have discriminated against me.
2. Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

**I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

*The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance.* Additional Information and Notes:

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Office use ONLY Date Received: \_\_\_\_\_ Close Date: \_\_\_\_\_